

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/16/2012	
NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey</p> <p>Survey Dates: February 6, 7, 8, 9, 10, 14, 15 and 16, 2012</p> <p>Facility number: 000074 Provider number: 155154 AIM number: 100290050</p> <p>Survey team: Diana Zgonc RN-TC Connie Landman RN</p> <p>Census bed type: SNF: 9 SNF/NF: 89 Total: 98</p> <p>Census payor type: Medicare: 13 Medicaid: 75 Other: 10 Total: 98</p> <p>Stage 2 Sample: 29</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/21/12 Cathy Emswiller RN</p>			F0000	<p>Please accept this 2567 Plan of Correction for the Health Survey ending January 16, 2012 as the Provider's Letter of Credible Allegation. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction with a completion date of March 12, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review, observation and interview the facility failed to ensure staff wore gloves while giving injections and kept fingers out of the</p>						
			F0441	F 441 483.65 Infection control, prevention spread, linens What corrective action(s) will be accomplished for those residents found to have been		03/12/2012	

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	<p>medication cups during medication pass for 1 of 5 nurses observed for med pass (Resident # 110 and LPN # 1).</p> <p>Findings include:</p> <p>During medication pass for the 2nd floor on 2/14/12 at 9:42 A.M., LPN #1 pushed the OxiMax (blood pressure machine) to Resident # 110's room, closed the door and took the resident's blood pressure. She removed the blood pressure cuff, washed her hands, opened the resident's door and pushed the machine back to the medication cart. LPN # 1 picked up a medication cup placing her finger inside the cup and then the meds. No hand washing was observed. The nurse then drew up insulin into the syringe and returned to Resident # 110's room to administer the medications. LPN # 1 lifted the resident's shirt and injected the insulin without putting on gloves.</p> <p>During an interview with the LPN at that time, she indicated the facility protocol did not require them to wear gloves for injections.</p> <p>During an interview with the Staff Development Coordinator (SDC) on 2/14/12 at 3:00 P.M., she indicated</p>			<p><b>affected by the deficient practice?</b> Nurse #1 was immediately counseled and educated about the need to wear gloves when ever giving injections and the practice of handling medication cups so that the nurse's fingers do not touch the inside of the cup. Resident #110 was assessed for any signs and/or symptoms of infection and none were found. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All residents receiving any kind of injectable medication have been identified and notes have been added to the MAR as a reminder to wear gloves when administering these medications. Mandatory inservices will be conducted by the Staff Development Coordinator on March 6 for all nursing staff with a special focus on medication administration and infection control practices for administering medications by all routes. A pre-test and post-test will be utilized to assess understanding. <b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b> Mandatory inservices will be conducted by the Staff Development Coordinator on March 6 for all nursing staff with a special focus on medication</p>			

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	<p>injections require the use of gloves and she should not have put her fingers inside the medication cup.</p> <p>A current facility's Nursing Skills Validation dated 7/2011 and titled "Injection-Subcutaneous" and provided by the SDC indicated, "the staff member giving the injection should ... put on gloves ...</p> <p>A current facility's Nursing Skills Validation dated 7/2011 and titled "Medication Pass Procedure" and provided by the SDC indicated, "... Medication should be dispensed without contamination ..."</p> <p>3.1-18(l)</p>			<p>administration and infection control practices for administering medications by all routes. A pre-test and post-test will be utilized to assess understanding. All nurses responsible for administering medications will perform a skills check off focusing on infection control practices by March 12, 2012. These skills check offs will be repeated quarterly for 12 months. In addition, New Nurse Orientation will provide emphasis on infection control practices as they relate to medication administration. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> A CQI audit tool will be utilized by the Director of Nursing or designee to monitor compliance with infection control practices for medication administration. A minimum of 10 observations on all shifts will be required for each audit. If an error occurs during the observations, an immediate correction of the practice will be made by the observer. Audits will be completed weekly for 4 weeks, then monthly for 6 months, then every other month for 6 months. The results of these audits will be presented to the CQI committee monthly to review for compliance and follow-up. Follow-up may result in additional reeducation and/or disciplinary action.</p>			